

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF OHIO

Case number (if known)

Chapter

11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name The Guitammer Company

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 31-1292441

4. Debtor's address

Principal place of business

7099 Hunley Rd Unit 108
Columbus, OH 43229

Number, Street, City, State & ZIP Code

Franklin

County

Mailing address, if different from principal place of business

PO Box 82
Westerville, OH 43086

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) http://www.guitammer.com/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **The Guitammer Company**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3343**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor **The Guitammer Company**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **The Guitammer Company**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 16, 2021**
MM / DD / YYYY**X /s/ Mark A. Luden**

Signature of authorized representative of debtor

Mark A. Luden

Printed name

Title **President****18. Signature of attorney****X /s/ Frederic P. Schwieg, Esq.**

Signature of attorney for debtor

Date **March 16, 2021**

MM / DD / YYYY

Frederic P. Schwieg, Esq. 0030418

Printed name

Frederic P Schwieg Attorney at Law

Firm name

19885 Detroit Rd #239**Rocky River, OH 44116-1815**

Number, Street, City, State & ZIP Code

Contact phone **440-499-4506**Email address **fschwieg@schwieglaw.com****0030418 OH**

Bar number and State

Form **8879-C****IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year beginning _____, 2019, ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879C for the latest information.****2019**

Name of corporation

The Guitammer Company

Employer identification number

61-1650777**Part I Tax Return Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	851,273.
2	Taxable income (Form 1120, line 30)	2	-163,760.
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 35)	4	
5	Overpayment (Form 1120, line 36)	5	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Hack, Steer & Company LLC to enter my PIN 50777
ERO firm name do not enter all zeros
as my signature on the corporation's 2019 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ **CFO**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

34272745901

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **09/09/20**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-C** (2019)

LHA

Form **1120**Department of the Treasury
Internal Revenue Service

For calendar year 2019 or tax year beginning

, ending

U.S. Corporation Income Tax Return

OMB No. 1545-0123

Extension Granted to 10/15/20Go to www.irs.gov/Form1120 for instructions and the latest information.**2019****A Check if:**

- 1a Consolidated return (attach Form 851) ☒ **X**
- b Life/nonlife consolidated return ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (see instructions) ☐
- 4 Schedule M-3 attached ☐

**TYPE
OR
PRINT****Name****The Guitammer Company****Number, street, and room or suite no. If a P.O. box, see instructions.****P.O. Box 82****City or town, state or province, country, and ZIP or foreign postal code****Westerville, OH 43086****B Employer identification number****61-1650777****C Date incorporated****05/18/2011****D Total assets (see instructions)****\$ 626,164.****E Check if:** (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income	1a Gross receipts or sales	1a	1,922,871.
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	1,922,871.
	2 Cost of goods sold (attach Form 1125-A)	2	1,193,560.
	3 Gross profit. Subtract line 2 from line 1c	3	729,311.
	4 Dividends and inclusions (Schedule C, line 23)	4	
	5 Interest	5	2,508.
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	7,055.
10 Other income (attach statement) See Consolidated Income and Deductions	10	112,399.	
11 Total income. Add lines 3 through 10	11	851,273.	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (attach Form 1125-E)	12	100,638.
	13 Salaries and wages (less employment credits)	13	201,027.
	14 Repairs and maintenance	14	230.
	15 Bad debts	15	
	16 Rents	16	75,500.
	17 Taxes and licenses	17	24,373.
	18 Interest (see instructions)	18	273,724.
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	11,170.
	21 Depletion	21	
	22 Advertising	22	52,698.
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	31,476.
	25 Reserved for future use	25	
	26 Other deductions (attach statement) See Consolidated Income and Deductions	26	244,197.
	27 Total deductions. Add lines 12 through 26	27	1,015,033.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	-163,760.
29a Net operating loss deduction (see instructions)	29a	0.	
b Special deductions (Schedule C, line 24)	29b		
c Add lines 29a and 29b	29c		
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	-163,760.
	31 Total tax (Schedule J, Part I, line 11)	31	0.
	32 2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32	
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34	
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35	0.
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36	
37 Enter amount from line 36 you want: Credited to 2020 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	37		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div> <div>Signature of officer</div> <div>Date</div> <div>CFO</div> <div>Title</div> </div> <div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Steven D. Steer	Steven D. Steer	09/09/20
	Check if self-employed <input type="checkbox"/>	PTIN	
Firm's name	Firm's EIN		
Hack, Steer & Company LLC	20-5607042		
Firm's address	Phone no.		
314 East Second Street	330-337-8713		
Salem, OH 44460			

911601

Form 1120 (2019)

The Guitammer Company

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Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Subtotal. Add lines 1 through 8		see instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15 Section 965(a) inclusion		see instructions	
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17 Global intangible Low-Taxed income (GILTI) (attach Form(s) 5471 and Form 8992)			
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993)			
23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Form **1120** (2019)

Form 1120 (2019) **The Guitammer Company**

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Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input checked="" type="checkbox"/>	
2	Income tax. See instructions		0.
3	Base erosion minimum tax amount (attach Form 8991)		
4	Add lines 2 and 3		0.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0.

Part II - Section 965 Payments (see instructions)

12	2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32	12	
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Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2018 overpayment credited to 2019	13	
14	2019 estimated tax payments	14	
15	2019 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Form 8827, line 5c	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	

Form **1120** (2019)

Form 1120 (2019) **The Guitammer Company**

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Schedule K Other Information (see instructions)

1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2 See the instructions and enter the:		
a Business activity code no. ▶ 334310		
b Business activity ▶ Manufacturer		
c Product or service ▶ Sound Equipment		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ If "Yes," enter name and EIN of the parent corporation ▶ _____		X
4 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) _____		X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) _____		X
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below.		X
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 _____ If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? _____ For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned ▶ _____ and (b) Owner's country ▶ _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____		X
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ ▶ <input type="checkbox"/>		
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here _____ ▶ <input type="checkbox"/>		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) _____ ▶ \$ 6,132,094.		

Form 1120 (2019) **The Guitammer Company**

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Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions ► \$		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," to any, complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 14		

Form **1120** (2019)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		55,096.		169,445.
2a	Trade notes and accounts receivable	58,885.		90,323.	
b	Less allowance for bad debts	(5,073.)	53,812.	()	90,323.
3	Inventories		62,845.		52,248.
4	U.S. government obligations	See Statement of Consolidated Beginning Balance Sheet		See Statement of Consolidated Ending Balance Sheet	
5	Tax-exempt securities				
6	Other current assets (att. stmt.)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)		154,526.		110,522.
10a	Buildings and other depreciable assets	210,692.		231,347.	
b	Less accumulated depreciation	(210,692.)		(217,648.)	13,699.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	171,549.		173,920.	
b	Less accumulated amortization	(104,874.)	66,675.	(91,327.)	82,593.
14	Other assets (att. stmt.)		131.		131.
15	Total assets		554,349.		626,164.
Liabilities and Shareholders' Equity					
16	Accounts payable		720,245.		774,491.
17	Mortgages, notes, bonds payable in less than 1 year		1,301,212.		1,283,212.
18	Other current liabilities (att. stmt.)		885,660.		905,547.
19	Loans from shareholders		402,497.		320,477.
20	Mortgages, notes, bonds payable in 1 year or more		370,178.		385,866.
21	Other liabilities (att. stmt.)		12,260.		
22	Capital stock: a Preferred stock				
b	Common stock	97,061.	97,061.	115,421.	115,421.
23	Additional paid-in capital		9,566,435.		9,826,673.
24	Retained earnings - Appropriated (attach statement)				
25	Retained earnings - Unappropriated		-12,801,199.		-12,985,523.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		554,349.		626,164.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-184,324.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				1,052.
4	Income subject to tax not recorded on books this year (itemize):				1,052.
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	2,513.
b	Charitable contributions \$		b	Charitable contributions \$	12,150.
c	Travel and entertainment ... \$	2,674.			14,663.
		33,605.			15,715.
		36,279.	9	Add lines 7 and 8	
6	Add lines 1 through 5	-148,045.	10	Income (page 1, line 28) - line 6 less line 9	-163,760.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	-12,801,199.	5	Distributions: a Cash	
2	Net income (loss) per books	-184,324.		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3	-12,985,523.	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	-12,985,523.

SCHEDULE O
(Form 1120)(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Consent Plan and Apportionment Schedule**
for a Controlled Group

OMB No. 1545-0123

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

Name	Employer identification number
The Guitammer Company	61-1650777

Part I Apportionment Plan Information**1** Type of controlled group:

- a ☒ Parent-subsidiary group
- b ☐ Brother-sister group
- c ☐ Combined group
- d ☐ Life insurance companies only

2 This corporation has been a member of this group:

- a ☒ For the entire year.
- b ☐ From _____, until _____.

3 This corporation consents and represents to:

- a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a ☐ Elected by the component members of the group.
- b ☐ Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a ☐ No apportionment plan is in effect and none is being adopted.
- b ☐ An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a ☐ Yes.
- (i) ☐ The statute of limitations for this year will expire on _____.
- (ii) ☐ On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b ☒ No. The members may not adopt or amend an apportionment plan.

7 ☐ If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.

▶ Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name The Guitammer Company		Employer identification number 61-1650777
1	Inventory at beginning of year	62,845.
2	Purchases	1,038,111.
3	Cost of labor	0.
4	Additional section 263A costs (attach schedule)	0.
5	Other costs (attach schedule)	144,852.
6	Total. Add lines 1 through 5	1,245,808.
7	Inventory at end of year	52,248.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	1,193,560.

9 a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶ _____

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

Form **4562****Depreciation and Amortization**

(Including Information on Listed Property)

OTHER

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

The Guitammer Company**Other Depreciation****61-1650777****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,528.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	5,971.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		3,850.	3.0	MQ	200DB	1,604.
b 5-year property		4,727.	5.0	MQ	200DB	772.
c 7-year property		26,762.	7.0	MQ	200DB	1,219.
d 10-year property		3,037.	10.0	MQ	200DB	76.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	11,170.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2019)

The Guitammer Company

61-1650777 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
Various patent filings	063019	2,271.		10.0	132.
43 Amortization of costs that began before your 2019 tax year				43	10,401.
44 Total. Add amounts in column (f). See the instructions for where to report				44	10,533.

Form **4797**
Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2019Attachment
Sequence No. **27**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

The Guitammer Company**61-1650777****1** Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						
3 Gain, if any, from Form 4684, line 39						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6 Gain, if any, from line 32, from other than casualty or theft						6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8 Nonrecaptured net section 1231 losses from prior years. See instructions						8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7						11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable						12
13 Gain, if any, from line 31						13 7,055.
14 Net gain or (loss) from Form 4684, lines 31 and 38a						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16						17 7,055.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2019)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A	Furniture	063006	072019
B	Equipment	022007	072019
C	NHRA Trailer, canopy & wrap	081213	071219
D	2011 IScoot 50cc Scooter	090313	071219

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20 2,002.	925.	4,000.	200.
21	Cost or other basis plus expense of sale	21 9,827.	2,493.	5,000.	802.
22	Depreciation (or depletion) allowed or allowable	22 9,827.	2,493.	5,000.	730.
23	Adjusted basis. Subtract line 22 from line 21	23 0.	0.	0.	72.
24	Total gain. Subtract line 23 from line 20	24 2,002.	925.	4,000.	128.
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a 9,827.	2,493.	5,000.	730.
b	Enter the smaller of line 24 or 25a	25b 2,002.	925.	4,000.	128.
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a	Additional depreciation after 1975	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.				
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a			
b	Enter the smaller of line 24 or 28a	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126	29a			
b	Enter the smaller of line 24 or 29a	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	7,055.
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	7,055.
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The Guitammer Company
P.O. Box 82
Westerville, OH 43086

Employer Identification Number: 61-1650777

For the Year Ending December 31, 2019

The Guitammer Company, a parent corporation of a consolidated group, is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Name of group member: The Guitammer Company
Member ID: 61-1650777

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

The Guitammer Company
P.O. Box 82
Westerville, OH 43086

Employer Identification Number: 61-1650777

For the Year Ending December 31, 2019

The Guitammer Company is making the safe harbor election under Reg. Sec. 1.263(a)-3(h) for the following eligible building property(s).

Description of Eligible Property(s):

7099 Huntley Rd, Unit 108, Columbus, OH

CONDENSED CONSOLIDATED BALANCE SHEETS

	(unaudited) December 31, 2020	(unaudited) December 31, 2019
ASSETS		
Current assets		
Cash and cash equivalents	\$ 120,751	\$ 169,445
Accounts receivable, net	74,036	188,365
Inventory	94,207	52,248
Other current assets	2,381	131
Total current assets	291,375	410,189
Property and equipment, net	142,075	97,053
Prepaid Expense	31,725	9,260
Investment in joint venture	176,432	110,522
Total Assets	\$ 641,607	\$ 627,024
LIABILITIES AND STOCKHOLDERS' DEFICIT		
Current liabilities		
Line of credit	\$ 39,523	\$ 39,523
Accounts payable	719,377	774,491
Accrued expenses	959,304	905,547
Deferred revenue	111	
Current portion of long-term debt - related parties	953,686	953,686
Current portion of long-term debt - non-related parties	653,334	659,337
Total current liabilities	\$ 3,325,335	\$ 3,332,584
Payroll Protection Plan Loan	-	
Long-term debt, net of current portion - related parties	220,389	204,572
Long-term debt, net of current portion - non related parties	137,675	132,435
Total Liabilities	\$ 3,683,399	\$ 3,669,592
Commitments	-	-
Stockholders' deficit		
Common stock, par value of \$.001, 200,000,000 shares authorized; 116,301,000 and 99,557,370 shares issued and outstanding at June 30, 2020 and December 2019, respectively	116,301	115,901
Preferred stock, par value of \$.001, 1,000,000 shares authorized; 50,000 shares issued and outstanding at June 30, 2019 and December 31, 2018, respectively		-
Additional paid-in capital	10,017,148	9,952,549
Accumulated deficit	(13,175,240)	(13,111,017)
Total Stockholders' deficit	\$ (3,041,791)	\$ (3,042,568)
Total Liabilities and Stockholders' deficit	\$ 641,607	\$ 627,024

THE GUITAMMER COMPANY
CONSOLIDATED STATEMENTS OF OPERATIONS
Unaudited

	For the Twelve Months Ended December 31,	
	2020	2019
	(not reviewed)	
Total revenue	\$ 2,749,826	\$ 1,991,662
Cost of goods sold	1,610,101	1,048,708
Gross profit	1,139,725	942,954
	41.45%	47.35%
Operating expenses		
General and administrative	1,141,206	899,324
Research and development	25,622	12,893
	\$ 1,166,828	\$ 912,217
Loss from operations	\$ (27,104)	\$ 30,737
Other income (expense)		
Investment income from joint venture	125,910	45,996
Other	74,680	12,666
Net Interest expense	(237,709)	(273,724)
	\$ (37,119)	\$ (215,062)
Gain / Loss before provision for income taxes	\$ (64,223)	\$ (184,325)
Provision for income taxes	-	-
Gain / Loss before dividends on preferred stock	\$ (64,223)	\$ (184,325)
Dividends - preferred stock	-	-
Net loss available to common stockholders	(64,223)	(184,325)
Basic and diluted loss per common share	\$ (0.001)	\$ (0.002)
Basic and diluted weighted average common shares outstanding	116,533,861	115,901,500
Adjustments:		
Interest Expense	237,709	273,724
Depreciation and patent amortization	20,134	12,111
Taxes	-	-
EBITDA	\$ 193,621	\$ 101,510
Less non cash expenses from:		
Stock warrant expense	-	-
Payment of stock and warrants to consultants	-	-
Employee stock options expense	16,999	18,614
Other income	-	-
Adjusted EBITDA	\$ 210,620	\$ 120,124

THE GUITAMMER COMPANY

CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS
(UNAUDITED)

	For the Twelve Months Ended December 31,	
	2020	2019
Cash flows from operating activities		
Net Income	\$ (64,223)	(184,326)
Adjustments to reconcile Net Income to net cash provided by operations:		
Accounts Receivable	114,330	26,711
Inventory	(41,960)	10,597
Accounts Payable	(102,335)	52,107
Accrued Interest	145,984	22,026
Other Current Liabilities	(53,148)	(30,260)
Net cash provided by Operating Activities	(1,353)	(103,144)
Cash flows from investing activities		
Accumulated Depreciation & Amortization	12,862	(6,691)
Accumulated Depreciation: Accumulated Amortization	7,272	
Equipment	(36,295)	(17,617)
Patents/Trademark/Copyrights	(28,860)	(2,271)
Leasehold Improvements	0	(3,037)
PrePaid Expenses	(22,466)	(9,160)
Investment in Joint Venture	(65,910)	44,005
Net cash provided by Investing Activities	(133,398)	5,228
Cash flows from financing activities		
Long term Accrued Interest	24,537	13,766
Capital Lease	(3,480)	16,532
Proceeds from Notes Payable (SBA PPP Loan)	0	(174,987)
Additional Paid in Capital	64,599	356,954
Capital Stock	400	
Net cash provided by Financing Activities	86,056	212,265
Net cash increase (decrease) in cash and cash equivalents	(48,695)	114,349
Cash and cash equivalents, beginning of period	169,445	55,097
Cash and cash equivalents, end of period	<u>\$ 120,751</u>	<u>169,445</u>

Fill in this information to identify the case:

Debtor name **The Guitammer Company**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 16, 2021**

X /s/ Mark A. Luden

Signature of individual signing on behalf of debtor

Mark A. Luden

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **The Guitammer Company**
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Airfoil Public Relations of CA 336 North Main Street Royal Oak, MI 48067	Unknown	Public relations	Disputed			\$12,333.44
Citadel Media PO Box 403975 Atlanta, GA 30384-3975	Unknown	radio advertisements	Disputed			\$40,090.00
Comcast SportNet California PO Box 795517 City of Industry, CA 91716-9517	Unknown	tv commercials	Disputed			\$42,199.94
Discount Edgar 125 Wolf Road Suite 315 Albany, NY 12205		edgarizing of SEC filings	Disputed			\$3,387.00
Dodaro Consulting 8779 Younts Peak Court Attn: Wayne Dodaro Las Vegas, NV 89178	Wayne Dodaro wayne@dodaroconsulting.com 612-723-2957	Consulting services				\$17,261.48
Eminence Speaker LLC P.O. Box 360 838 Mulberry Pike Eminence, KY 40019	Chris Rose chris.rose@eminence.com (502) 845-5622 ext. 336	product manufacturing	Disputed			\$369,948.12
Horizons Companies 4000 Horizons Drive Attn: Don Lee Columbus, OH 43220	Don Lee donl@horizonscompanies.com 614.306.8278	Marketing services				\$16,786.13

Debtor **The Guitammer Company**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ice Miller 250 West Street Columbus, OH 43215	Jeffrey Deibel Jeffrey.Deibel@ice miller.com 614-462-2246	Legal services				\$72,333.64
ICS 550 Parrott Street San Jose, CA 95112		IT services	Disputed			\$4,000.00
Jon Katz 38730 Glenlivet Ct Solon, OH 44139	jonmkatz@roadrun ner.com 440-552-0659	Consulting services				\$24,272.00
KeyBank NA Attn Debra J Hamber PO Box 94920 Cleveland, OH 44101-4920	Debra J Hamber debra_j_hamber@k eybank.com 614-467-4116	Line of Credit				\$39,651.56
KeyBank NA Attn Debra J Hamber PO Box 94920 Cleveland, OH 44101-4920	Attn Debra J Hamber debra_j_hamber@k eybank.com	PPP Loan	Contingent Unliquidated Disputed			\$116,178.00
Lawrence L. Lemoine 512 Francisco Street Manhattan Beach, CA 90266	Illemoine@verizon. net 310-200-9365	Promissory Note				\$126,113.51
Media Answers LLC 19065 Pebble Beach Way Attn: Chris Lennon Monument, CO 80132	Chris Lennon clennon@medians wers.tv 719-445-8911	Consulting services				\$17,672.84
Merrill Lynch Bank USA 4661 Sawmill Road 2nd Floor Columbus, OH 43220	Chris Doyle chrisdoyle@forestc apitalgroup.com 614-946-6005	2 Lines of Credit				\$399,552.67
Ohio Development Svc Agency Attn: Sharon Anthony 77 S High St FL 29 Columbus, OH 43215	Sharon Anthony Sharon.Anthony@ development.ohio. gov 614.644.8010	Loan; Assigned and subordinated to Doyle and Jacobs Trusts	Contingent Disputed			\$402,326.26
Opal Private Equity Fund LP 250 West Street Columbus, OH 43215	Jeffrey Deibel Jeffrey.Deibel@ice miller.com 614-462-2246	Promissory Note				\$245,786.76

Debtor **The Guitammer Company**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Schneider Downs & Co. Inc 65 E. State Street #2000 Columbus, OH 43215	Michael A. Renzelman mrenzelman@schn eiderdowns.com (614) 621-4060	Audit services				\$16,245.00
Thelma Gault 91 Shelby Street Eminence, KY 40019	tgault@iglou.com 502-845-5489	Promissory Note	Contingent Disputed			\$930,365.18
Walter J. Doyle 1970 Jewett Road Powell, OH 43065	walterdoyle@forest capitalgroup.com 614-885-4742	Promissory Note				\$177,341.00

Fill in this information to identify the case:Debtor name **The Guitammer Company**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **1,240,945.61****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **1,240,945.61****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **1,248,104.59****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **5,303.52****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **3,306,528.08****4. Total liabilities**
Lines 2 + 3a + 3b\$ **4,559,936.19**

Fill in this information to identify the case:Debtor name **The Guitammer Company**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. KeyBank NA (Incl PPP Loan proceeds)**Checking****3340****\$216,427.09****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$216,427.09**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:

63,147.48

-

0.00 = ...**\$63,147.48**

face amount

doubtful or uncollectible accounts

Debtor **The Guitammer Company**

Case number (If known)

Name

11b. Over 90 days old:

385.00

-

0.00

=....

\$385.00

face amount

doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$63,532.48

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
- ☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership	
15.1.	LFT Manufacturing	50 %	Revenue based
			\$176,432.00

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4.

Add lines 14 through 16. Copy the total to line 83.

\$176,432.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Finished Goods	12/31/20	\$0.00	Recent cost	\$112,788.94
	IMI/LFT consigned inventory	12/31/20	\$337,465.10	Recent cost	\$337,465.10
22.	Other inventory or supplies Misc parts and supplies	12/31/20	\$0.00	Recent cost	\$1,000.00

Debtor The Guitammer Company Case number (If known) _____
 Name

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$451,254.0424. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures office fixtures and furniture	\$0.00	Liquidation	\$2,000.00

41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$2,000.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

Debtor

The Guitammer Company

Case number (If known)

Name

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	2015 Toyota 8FGCU25 Forklift S/N: 72171	\$0.00	Comparable sale	\$12,500.00
	Pallet Jack	\$0.00	Comparable sale	\$3,500.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$16,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9:

Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10:

Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
	Buttkicker Trademark	\$0.00	Expert	\$140,100.00
	Patents and Intellectual Property on attached list	\$0.00	Expert	\$175,200.00
61.	Internet domain names and websites			
	http://www.guitammer.com/	\$0.00		Unknown

Debtor The Guitammer Company Case number (If known) _____
Name

https://thebuttkicker.com/ \$0.00 Unknown

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$315,300.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor The Guitammer Company
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$216,427.09	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$63,532.48	
83. Investments. <i>Copy line 17, Part 4.</i>	\$176,432.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$451,254.04	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$2,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$16,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$315,300.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,240,945.61	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,240,945.61

Gitammer Active IP

Use Case	Patent Name	Patent Number	Status	Assigned to / from
Live haptic broadcast for OTT and linear broadcasts.	Capture and remote reproduction of haptic events, ...	7,911,328 B2 3 100244 (EPTO)	current	Assigned by Luden to Gitammer
		CN 201580016891.2 (China)		
Haptics hardware.	Vibration transducer and actuator	9,331,558 10-2003829 (Korea)	current	Assigned by Clamme to Gitammer
Adding haptic data to live or preproduced video content.	All types, gaming, sports, movie, etc.	?	Provisional / expires 8/5/21	Assigned by Mark Luden and Andrew Luden to Gitammer
Generating and adding haptic data for use with virtual reality and mixed reality environments.	VR, AR, MR	?	Provisional / expires 8/5/21	Assigned to Gitammer by Mark Luden and Andrew Luden
Adding haptic data to live or preproduced video content, by generating usable haptic data from acceleration or force data [numeric values], whether captured live or post produced.	All types, gaming, sports, movies, etc.	?	Provisional / expires 8/5/21	Assigned to Gitammer by Clamme and Andrew Luden

Fill in this information to identify the case:Debtor name **The Guitammer Company**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	IMI International Inc./LFT Manuf. LLC Creditor's Name 1600 Pittsburgh Dr Delaware, OH 43015 Creditor's mailing address Creditor's email address, if known Date debt was incurred Various 2020-2021 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien IMI/LFT consigned inventory Describe the lien Purchase Money SI/Consignment Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$337,465.10	\$337,465.10

2.2	Julie E. Jacobs Revocable Trust Creditor's Name c/o Julie E. Jacobs, Trustee 1105 Schrock Road Suite 602 Columbus, OH 43229 Creditor's mailing address amgsj@aol.com Creditor's email address, if known Date debt was incurred 2009-2010 Last 4 digits of account number	Describe debtor's property that is subject to a lien All Assets; Assigned from OH DoD; Not perfected in Bank Acct; Coextensive with Doyle Tr Describe the lien Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$556,136.38	\$685,656.00
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Debtor **The Guitammer Company**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.3 **Walter J. Doyle Trust**

Creditor's Name

**1970 Jewett Road
Powell, OH 43065**

Creditor's mailing address

**walterdoyle@forestcapitalg
roup.com**

Creditor's email address, if known

Date debt was incurred

2005;2007;2009

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Assets; Assigned from OH DoD; Not perfected in Bank Acct; Coextensive with Jacobs Tr

Describe the lien

Security Interest

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$340,743.13

\$685,656.00

2.4 **Wells Fargo Equipment Finance**

Creditor's Name

**800 Walnut St FL 4
Des Moines, IA 50309**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

7/2019

Last 4 digits of account number

4000

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2015 Toyota 8FGCU25 Forklift S/N: 72171

Describe the lien

Financing Lease

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$13,759.98

\$12,500.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,248,104.59

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **The Guitammer Company** Case number (if known) _____
Name

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **The Guitammer Company**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Andrew Luden 538 Burwood Court Westerville, OH 43081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$410.96	\$410.96
	Date or dates debt was incurred 3/13/21-3/16/21	Basis for the claim: Wages		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Brenden Kelly 8750 Woodwind Dr Lewis Center, OH 43035	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$924.00	\$924.00
	Date or dates debt was incurred 2/20/21	Basis for the claim: Hourly Wages Gross		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	The Guitammer Company	Case number (if known)		
	Name			
2.3	Priority creditor's name and mailing address Mark A. Luden 538 Burwood Court Westerville, OH 43081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,356.13	\$1,356.13
	Date or dates debt was incurred 3/13/21-3/16/21	Basis for the claim: Wages		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address Marvin L. Clamme 305 E. Spring Street PO Box 51 New Knoxville, OH 45871	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$598.36	\$598.36
	Date or dates debt was incurred 3/13-3/16/21	Basis for the claim: Wages		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address Nancy J. Luden 538 Burwood Court Westerville, OH 43081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,062.07	\$1,062.07
	Date or dates debt was incurred 3/13-3/16/21	Basis for the claim: Wages and Expense Reimbursement		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address Trish Featherstone 1501 Braumiller Rd Delaware, OH 43015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$952.00	\$952.00
	Date or dates debt was incurred 2/20/21	Basis for the claim: Hourly Wages Gross		
	Last 4 digits of account number NA Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor The Guitammer Company		Case number (if known) _____	
Name _____			

3.1	Nonpriority creditor's name and mailing address 8X8 INC Dept 848080 Los Angeles, CA 90084-8080 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>0719</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phones</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255.86
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3.2	Nonpriority creditor's name and mailing address AEP PO Box 371496 Pittsburgh, PA 15250-7496 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>9060</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities-Electric</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.20
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3.3	Nonpriority creditor's name and mailing address Airfoil Public Relations of CA 336 North Main Street Royal Oak, MI 48067 Date(s) debt was incurred <u>2014-2018</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Public relations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,333.44
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3.4	Nonpriority creditor's name and mailing address American Express c/o Beckett & Lee PO BOX 3001 Malvern, PA 19355 Date(s) debt was incurred <u>2-3/21</u> Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,279.99
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3.5	Nonpriority creditor's name and mailing address Broadridge ICS PO Box 416423 Boston, MA 02241 Date(s) debt was incurred <u>2/2012-2014</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Reporting service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$661.73
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3.6	Nonpriority creditor's name and mailing address Citadel Media PO Box 403975 Atlanta, GA 30384-3975 Date(s) debt was incurred <u>1/2010</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>radio advertisements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,090.00
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3.7	Nonpriority creditor's name and mailing address Columbia Gas P.O. Box 4629 Carol Stream, IL 60197-4629 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities Gas</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.25
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Debtor	Name	Case number (if known)
3.8	The Guitammer Company Comcast SportNet California PO Box 795517 City of Industry, CA 91716-9517 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u> </u>	\$42,199.94 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>tv commercials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Discount Edgar 125 Wolf Road Suite 315 Albany, NY 12205 Date(s) debt was incurred <u>11/2016-1/2017</u> Last 4 digits of account number <u> </u>	\$3,387.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>edgarizing of SEC filings</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Dodaro Consulting 8779 Younts Peak Court Attn: Wayne Dodaro Las Vegas, NV 89178 Date(s) debt was incurred <u>11/2014-2/2016</u> Last 4 digits of account number <u> </u>	\$17,261.48 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Eminence Speaker LLC P.O. Box 360 838 Mulberry Pike Eminence, KY 40019 Date(s) debt was incurred <u>10/2012-12/2014</u> Last 4 digits of account number <u>NA</u>	\$369,948.12 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>product manufacturing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Geldhill Family Ltd. Pship 68 S. Fourth St. Columbus, OH 43215 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>t108</u>	\$2,800.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>RENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Geldhill Family Ltd. Pship 68 S. Fourth St. Columbus, OH 43215 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>t108</u>	\$39.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>estimated Water Bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Horizons Companies 4000 Horizons Drive Attn: Don Lee Columbus, OH 43220 Date(s) debt was incurred <u>11/2014</u> Last 4 digits of account number <u> </u>	\$16,786.13 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
3.15	Nonpriority creditor's name and mailing address Ice Miller 250 West Street Columbus, OH 43215 Date(s) debt was incurred <u>5/2014-3/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$72,333.64
3.16	Nonpriority creditor's name and mailing address ICS 550 Parrott Street San Jose, CA 95112 Date(s) debt was incurred <u>10/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>IT services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,000.00
3.17	Nonpriority creditor's name and mailing address Jon Katz 38730 Glenlivet Ct Solon, OH 44139 Date(s) debt was incurred <u>12/2015-2/2021</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$24,272.00
3.18	Nonpriority creditor's name and mailing address KeyBank NA Attn Debra J Hamber PO Box 94920 Cleveland, OH 44101-4920 Date(s) debt was incurred <u>1/2003</u> Last 4 digits of account number <u>1284</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$39,651.56
3.19	Nonpriority creditor's name and mailing address KeyBank NA Attn Debra J Hamber PO Box 94920 Cleveland, OH 44101-4920 Date(s) debt was incurred <u>3/11/21</u> Last 4 digits of account number <u>3506</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>PPP Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$116,178.00
3.20	Nonpriority creditor's name and mailing address Lawrence L. Lemoine 512 Francisco Street Manhattan Beach, CA 90266 Date(s) debt was incurred <u>1/2017-3/2019</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$126,113.51
3.21	Nonpriority creditor's name and mailing address Liberty Mutual Insurance PO Box 2839 New York, NY 10116-2839 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>5130</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Estimated Liability Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$538.45

Debtor	Name	Case number (if known)
3.22	Nonpriority creditor's name and mailing address Mark A. Luden 538 Burwood Court Westerville, OH 43081 Date(s) debt was incurred <u>1/2017-3/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$84,369.11
3.23	Nonpriority creditor's name and mailing address Marvin L. Clamme 305 E. Spring Street PO Box 51 New Knoxville, OH 45871 Date(s) debt was incurred <u>1/2017-3/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$38,033.22
3.24	Nonpriority creditor's name and mailing address Media Answers LLC 19065 Pebble Beach Way Attn: Chris Lennon Monument, CO 80132 Date(s) debt was incurred <u>11/2016-2/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$17,672.84
3.25	Nonpriority creditor's name and mailing address Merrill Lynch Bank USA 4661 Sawmill Road 2nd Floor Columbus, OH 43220 Date(s) debt was incurred <u>2/27/2009</u> Last 4 digits of account number <u>2045</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2 Lines of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$399,552.67
3.26	Nonpriority creditor's name and mailing address Nancy J. Luden 538 Burwood Court Westerville, OH 43081 Date(s) debt was incurred <u>1/2017-3/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$100,687.07
3.27	Nonpriority creditor's name and mailing address Ohio Development Svcs Agency Attn: Sharon Anthony 77 S High St FL 29 Columbus, OH 43215 Date(s) debt was incurred <u>4/28/2008</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan; Assigned and subordinated to Doyle and Jacobs Trusts</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$402,326.26
3.28	Nonpriority creditor's name and mailing address Opal Private Equity Fund LP 250 West Street Columbus, OH 43215 Date(s) debt was incurred <u>6/2005</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$245,786.76

Debtor	The Guitammer Company	Case number (if known)	
Name			
3.29	Nonpriority creditor's name and mailing address Reliance Technology Solutions 5740 Gateway Blvd Mason, OH 45040 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>guitammer</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>software license</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.28
3.30	Nonpriority creditor's name and mailing address Republic Services #046 PO Box 9001099 Louisville, KY 40290-1099 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>7547</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trash collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.85
3.31	Nonpriority creditor's name and mailing address RUSH Transportation/Logistics P.O. Box 2810 Dayton, OH 45401 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>3032</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Freight company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274.85
3.32	Nonpriority creditor's name and mailing address Schneider Downs & Co. Inc 65 E. State Street #2000 Columbus, OH 43215 Date(s) debt was incurred <u>7/2016</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Audit services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,245.00
3.33	Nonpriority creditor's name and mailing address Thelma Gault 91 Shelby Street Eminence, KY 40019 Date(s) debt was incurred <u>2003-2008</u> Last 4 digits of account number <u>NA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note; Assigned and Sbbordinated to Doyle and Jacobs Trusts</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$930,365.18
3.34	Nonpriority creditor's name and mailing address UPS PO BOX 809488 Chicago, IL 60680-9488 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>594R</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Freight company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,677.26
3.35	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002-5506 Date(s) debt was incurred <u>Feb-21</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Estimate-Cell Phones</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.08

Debtor **The Guitammer Company** Case number (if known) _____
Name

3.36 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$177,341.00**
Walter J. Doyle
1970 Jewett Road
Powell, OH 43065
 Date(s) debt was incurred 7/2009
 Last 4 digits of account number NA
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Promissory Note
 Is the claim subject to offset? ☒ No ☐ Yes

3.37 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$217.35**
YRC
P.O. Box 93151
Chicago, IL 60673-3151
 Date(s) debt was incurred Feb-21
 Last 4 digits of account number 0001
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Freight company
 Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Ohio Attorney General Collections Enforcement Section 150 E Gay ST Fl 21 Columbus, OH 43215	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Ohio Attorney General Collect Enforce Sect -Bankr 150 E Gay ST Fl 21 Columbus, OH 43215	Line ____ <input type="checkbox"/> Not listed. Explain _____	—
4.3	Ohio Attorney General Collections Enforcement Section 150 E Gay ST Fl 21 Columbus, OH 43215	Line ____ <input type="checkbox"/> Not listed. Explain _____	—
4.4	Ohio Attorney General Collect Enforce Sect -Bankr 150 E Gay ST Fl 21 Columbus, OH 43215	Line ____ <input type="checkbox"/> Not listed. Explain _____	—
4.5	United States Attorney General Main Justice Bldg 10th & Constitution Ave NW Washington, DC 20530	Line ____ <input type="checkbox"/> Not listed. Explain _____	—
4.6	US Attorney-- ND Ohio Attn Bankruptcy Section 801 W Superior Ave Ste 400 Cleveland, OH 44113-1852	Line ____ <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a. \$	<u>5,303.52</u>
5b. Total claims from Part 2	5b. + \$	<u>3,306,528.08</u>

Debtor **The Guitammer Company**
Name

Case number (if known)

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ 3,311,831.60

Fill in this information to identify the case:

Debtor name **The Guitammer Company**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease of 7099 Huntley Road Unit 108, Columbus, OH approximately 5,000 sq. ft

State the term remaining

1.5 yrs

List the contract number of any government contract _____

**Robert Geldreich
68 S. Fourth St.
Columbus, OH 43215**

Fill in this information to identify the case:Debtor name **The Guitammer Company**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Julie E. Jacobs
Revocable Trust****c/o Julie E. Jacobs, Trustee
1105 Schrock Road Suite 602
Columbus, OH 43229****Merrill Lynch Bank
USA**☐ D _____
☒ E/F **3.25**
☐ G _____**2.2 The Guitammer
Company (NV)****Ohio Development
Svc Agency**☐ D _____
☒ E/F **3.27**
☐ G _____**2.3 US Small
Business
Administration****District Counsel
65 E State St Ste 1350
Columbus, OH 43215****KeyBank NA**☐ D _____
☒ E/F **3.19**
☐ G _____**2.4 Walter J. Doyle
Trust****1970 Jewett Road
Powell, OH 43065****Merrill Lynch Bank
USA**☐ D _____
☒ E/F **3.25**
☐ G _____

Fill in this information to identify the case:Debtor name The Guitammer CompanyUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 1/01/2021 to **Filing Date**☒ Operating a business\$528,761.00☐ Other _____**For prior year:**From 1/01/2020 to 12/31/2020☒ Operating a business\$2,749,826.00☐ Other _____**For year before that:**From 1/01/2019 to 12/31/2019☒ Operating a business\$1,922,871.00☐ Other _____**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 1/01/2021 to **Filing Date**Parking Sub Lease\$300.00**For prior year:**From 1/01/2020 to 12/31/2020Joint Venture Income;
Parking and Dumpster rental\$128,260.00**For year before that:**From 1/01/2019 to 12/31/2019Joint Venture Income;
parking space rent, dumpster
rent; sale of old assets\$56,153.00**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor **The Guitammer Company**

Case number (if known) _____

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. American Express c/o Beckett & Lee PO BOX 3001 Malvern, PA 19355	3/12/21 \$9089.84-2/1 3/21 \$11244.05-1/ 13/21 \$15422.47	\$35,756.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. Google Adwords 1600 Ampitheatre Pkwy Mountain View, CA 94043	\$500 per week since 12/16/20 on AMEX card (less \$1.52 credit on 1/21/21)	\$13,998.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. Geldhill Family Ltd. Pship 68 S. Fourth St. Columbus, OH 43215	12/28/20-1/30 /21-2/4/21-2/2 5/21	\$8,192.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Lease and utilities</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Mark A. Luden 538 Burwood Court Westerville, OH 43081 CEO/President	Various See attached	\$183,124.91	Salary
4.2. Nancy J. Luden 538 Burwood Court Westerville, OH 43081 Wife of CEO/President	Various See attached	\$91,115.25	Salary and Reimbursement of Expenses
4.3. Andrew Luden Son of Mark Luden	Various See Attached	\$94,757.60	Salary and Reimbursement of Expenses
4.4. Marvin L. Clamme 305 E. Spring Street PO Box 51 New Knoxville, OH 45871 Shareholder in CJG	See attached	\$83,373.17	Salary and Reimbursement of Expenses

Debtor **The Guitammer Company**

Case number (if known)

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

Debtor **The Guitammer Company**

Case number (if known) _____

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Frederic P Schwieg Attorney at Law 19885 Detroit Rd #239 Rocky River, OH 44116-1815	Retainer	9/21/20	\$5,000.00
	Email or website address fschwieg@schwieglaw.com			
	Who made the payment, if not debtor?			
11.2.	Frederic P Schwieg Attorney at Law 19885 Detroit Rd #239 Rocky River, OH 44116-1815	Payment from Retainer	11/23/20	\$2,550.00
	Email or website address fschwieg@schwieglaw.com			
	Who made the payment, if not debtor?			
11.3.	Frederic P Schwieg Attorney at Law 19885 Detroit Rd #239 Rocky River, OH 44116-1815	Paid from Retainer	1/26/2021	\$2,750.00
	Email or website address fschwieg@schwieglaw.com			
	Who made the payment, if not debtor?			
11.4.	Frederic P Schwieg Attorney at Law 19885 Detroit Rd #239 Rocky River, OH 44116-1815	Retainer	2/1/2021	\$40,000.00
	Email or website address fschwieg@schwieglaw.com			
	Who made the payment, if not debtor?			
11.5.	Frederic P Schwieg Attorney at Law 19885 Detroit Rd #239 Rocky River, OH 44116-1815	Paid From Retainer	3/16/21	\$21,878.00
	Email or website address fschwieg@schwieglaw.com			
	Who made the payment, if not debtor?			

Debtor **The Guitammer Company**

Case number (if known) _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 6117 Maxtown Rd Westerville, OH 43082	1/1/2006-8/31/2009

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Name, Address, Credit Card information

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

Debtor **The Guitammer Company**

Case number (if known) _____

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **The Guitammer Company**

Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
25.1. LFT Manufacturing LLC 1600 Pittsburgh Dr Delaware, OH 43015	manufacturer of transducers, amps and accessories for Debtor	EIN: 47-1908332	From-To 2014-Present

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Mark A. Luden 538 Burwood Court Westerville, OH 43081	
26a.2. Nancy J. Luden 538 Burwood Court Westerville, OH 43081	
26a.3. Steven D. Steer Hack, Steer & Co LLC 314 E Second St Salem, OH 44460	2000-Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

Debtor **The Guitammer Company**

Case number (if known)

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Nancy J. Luden 538 Burwood Court Westerville, OH 43081	
26c.2. Steven D. Steer Hack, Steer & Co LLC 314 E Second St Canfield, OH 44406	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Director of Developmnt State of Ohio Attn: Sharon Anthony 77 S High St Columbus, OH 43216-1001

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 Nancy Luden	12/31/20	\$94,207 (cost)
Name and address of the person who has possession of inventory records Nancy J. Luden 538 Burwood Court Westerville, OH 43081		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mark A. Luden	538 Burwood Ct Westerville, OH 43081	President CEO sole Board member; Stockholder of CJC	27.5
Name	Address	Position and nature of any interest	% of interest, if any
Marvin L. Clamme	PO Box 51 New Knoxville, OH 45871	Stockholder in CJC (parent of Guitammer NV)	5.0
Name	Address	Position and nature of any interest	% of interest, if any
George Anasis	7871 Calverton Sq New Albany, OH 43054	Stockholder in CJC (parent of Guitammer NV)	22.5

Debtor **The Guitammer Company**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
John Gialamas	11760 Berea Rd Cleveland, OH 44111	Stockholder in CJC (parent of Guitammer NV)	22.5
Name	Address	Position and nature of any interest	% of interest, if any
Christopher Doyle	4661 Sawmill Rd Fl 2 Columbus, OH 43220	Stockholder in CJC (parent of Guitammer NV)	22.5

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Ken McCaw	276 Burns Dr N Westerville, OH 43082	Board Member	1999-2/28/21
Name	Address	Position and nature of any interest	Period during which position or interest was held
Walter J. Doyle	1970 Jewett Road Powell, OH 43065	Board	2008-2/28/21

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Mark A. Luden 538 Burwood Court Westerville, OH 43081		Various	Salary and Reimbursement of Expenses
	Relationship to debtor President/CEO			
30.2	Nancy J. Luden 538 Burwood Court Westerville, OH 43081		Various; See attached	Salary and Reimbursement of Expenses
	Relationship to debtor Wife of CEO/President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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Debtor **The Guitammer Company**

Case number (if known) _____

Name of the parent corporation

The Guitammer Company

Employer Identification number of the parent corporation

EIN: **61-1650777**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 16, 2021****/s/ Mark A. Luden**

Signature of individual signing on behalf of the debtor

Mark A. Luden

Printed name

Position or relationship to debtor **President**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

The Gutammer Company
Payroll Summary
March 16, 2020 through March 16, 2021

Employee Wages, Taxes and Adjustments											
Clamme, Marvin L.				Luden, Andrew J		Luden, Mark A.		Luden, Nancy J			
Hours	Rate	Mar 16, '20 - Mar 16, 21	Hours	Rate	Mar 16, '20 - Mar 16, 21	Hours	Rate	Mar 16, '20 - Mar 16, 21	Hours	Rate	Mar 16, '20 - Mar 16, 21
Gross Pay											
Officer Salary Regular		81,900.00			0.00	173,124.91				0.00	
Officer Sick Salary		0.00			0.00	0.00				0.00	
Officer Vac Salary		0.00			0.00	0.00				0.00	
Salary		0.00			49,038.54	0.00				83,992.26	
Hourly Regular Rate		0.00			0.00	0.00				0.00	
Overtime Hourly Rate 1		0.00			0.00	0.00				0.00	
Sales Commission		0.00			45,364.98	10,000.00				0.00	
Total Gross Pay		81,900.00			94,403.52	183,124.91				83,992.26	
Deductions from Gross Pay											
HSA(Pre tax)		0.00			0.00	-8,625.00				0.00	
Total Deductions from Gross Pay		0.00			0.00	-8,625.00				0.00	
Adjusted Gross Pay		81,900.00			94,403.52	174,499.91				83,992.26	
Taxes Withheld											
Federal Withholding		-7,910.00			-15,974.00	-19,945.00				-5,667.00	
Medicare Employee		-1,187.55			-1,368.85	-2,530.25				-1,217.89	
Social Security Employee		-5,077.80			-5,853.02	-8,898.25				-5,207.52	
LOH - Withholding		-2,407.35			-3,244.43	-6,503.48				-2,314.16	
0603 -School District tax		-1,023.75			0.00	0.00				0.00	
904		0.00			-2,360.14	-4,362.42				-2,099.77	
Medicare Employee Addl Tax		0.00			0.00	0.00				0.00	
Village of New Knoxville		-1,228.50			0.00	0.00				0.00	
Total Taxes Withheld		-18,834.95			-28,800.44	-42,239.40				-16,506.34	
Net Pay		63,065.05			65,603.08	132,260.51				67,485.92	
Employer Taxes and Contributions											
Federal Unemployment		42.00			42.00	42.00				42.00	
Medicare Company		1,187.55			1,368.85	2,530.25				1,217.89	
Social Security Company		5,077.80			5,853.02	8,898.25				5,207.52	
SH - Unemployment Company		72.00			72.00	72.00				72.00	
Central Insurance (company paid)		0.00			449.72	467.12				523.36	
Medical Insurance (Company paid)		0.00			4,893.46	7,422.03				4,804.28	
Total Employer Taxes and Contributions		6,379.35			12,679.05	19,431.65				11,867.05	

Marvin Clamme

Type	Date	Num	Name	Memo	Account	Credit
Check	11/6/2020	16039	Clamme, Marvin L.	Expenses	Key Business Checking	219.21
Check	5/23/2020	15650	Clamme, Marvin L.	expenses	Key Business Checking	526.2
Check	3/17/2020	15491	Clamme, Marvin L.	Expenses Jan-March 2020	Key Business Checking	727.76
						<u><u>1,473.17</u></u>

Nancy Luden

Type	Date	Num	Name	Memo	Account	Credit
Check	2/23/2021	16280	Luden, Nancy J	expenses	Key Business Checking	520.44
Check	12/31/2020	16174	Luden, Nancy J	Expenses	Key Business Checking	732.36
Check	11/6/2020	16040	Luden, Nancy J	Expenses	Key Business Checking	913.39
Check	8/3/2020	15808	Luden, Nancy J	expenses	Key Business Checking	2,317.15
Check	5/23/2020	15649	Luden, Nancy J	Expenses	Key Business Checking	1,250.98
Check	3/17/2020	15494	Luden, Nancy J	expenses	Key Business Checking	1,388.67
						<u><u>7,122.99</u></u>

Andrew Luden

\$354.08

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Southern District of Ohio**In re **The Guitammer Company**

Debtor(s)

Case No.

Chapter

11**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept _____ \$ _____

Prior to the filing of this statement I have received _____ \$ _____

Balance Due _____ \$ _____

☒ **RETAINER**For legal services, I have agreed to accept and received a retainer of _____ \$ **40,000.00**The undersigned shall bill against the retainer at an hourly rate of _____ \$ **300.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. \$ **1,738.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- [Other provisions as needed]

Representation in all matters before the Bankruptcy Court.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

N/A

In re **The Guitammer Company** Case No. _____
Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 16, 2021

Date

/s/ Frederic P. Schwieg, Esq.

Frederic P. Schwieg, Esq. 0030418

Signature of Attorney

Frederic P Schwieg Attorney at Law

19885 Detroit Rd #239

Rocky River, OH 44116-1815

440-499-4506 Fax: 440-398-0490

fschwieg@schwieglaw.com

Name of law firm

**United States Bankruptcy Court
Southern District of Ohio**

In re **The Guitammer Company**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
The Guitammer Company Corp Trust Co of NV 311 S Division St Carson City, NV 89703	Common	100%	Stock

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **March 16, 2021**

Signature **/s/ Mark A. Luden**

Mark A. Luden

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

8X8 INC
Dept 848080
Los Angeles, CA 90084-8080

AEP
PO Box 371496
Pittsburgh, PA 15250-7496

Airfoil Public Relations of CA
336 North Main Street
Royal Oak, MI 48067

American Express
c/o Beckett & Lee
PO BOX 3001
Malvern, PA 19355

Andrew Luden
538 Burwood Court
Westerville, OH 43081

Broadridge ICS
PO Box 416423
Boston, MA 02241

Citadel Media
PO Box 403975
Altanta, GA 30384-3975

Columbia Gas
P.O. Box 4629
Carol Stream, IL 60197-4629

Comcast SportNet California
PO Box 795517
City of Industry, CA 91716-9517

Discount Edgar
125 Wolf Road Suite 315
Albany, NY 12205

Dodaro Consulting
8779 Younts Peak Court
Attn: Wayne Dodaro
Las Vegas, NV 89178

Eminence Speaker LLC
P.O. Box 360
838 Mulberry Pike
Eminence, KY 40019

Geldhill Family Ltd. Pship
68 S. Fourth St.
Columbus, OH 43215

Horizons Companies
4000 Horizons Drive
Attn: Don Lee
Columbus, OH 43220

Ice Miller
250 West Street
Columbus, OH 43215

ICS
550 Parrott Street
San Jose, CA 95112

IMI International Inc./LFT Manuf. LLC
1600 Pittsburgh Dr
Delaware, OH 43015

Internal Revenue Service
PO BOX 7346
Philadelphia, PA 19101-5016

Jon Katz
38730 Glenlivet Ct
Solon, OH 44139

Julie E. Jacobs Revocable Trust
c/o Julie E. Jacobs, Trustee
1105 Schrock Road Suite 602
Columbus, OH 43229

KeyBank NA
Attn Debra J Hamber
PO Box 94920
Cleveland, OH 44101-4920

Law Offices of Carl Generes
4358 Shady Bend Drive
Dallas, TX 75244-7447

Lawrence L. Lemoine
512 Francisco Street
Manhattan Beach, CA 90266

Liberty Mutual Insurance
PO Box 2839
New York, NY 10116-2839

Mark A. Luden
538 Burwood Court
Westerville, OH 43081

Marvin L. Clamme
305 E. Spring Street
PO Box 51
New Knoxville, OH 45871

Media Answers LLC
19065 Pebble Beach Way
Attn: Chris Lennon
Monument, CO 80132

Merrill Lynch Bank USA
4661 Sawmill Road
2nd Floor
Columbus, OH 43220

Nancy J. Luden
538 Burwood Court
Westerville, OH 43081

Ohio Attorney General
Collections Enforcement Section
150 E Gay ST Fl 21
Columbus, OH 43215

Ohio Attorney General
Collect Enforce Sect -Bankr
150 E Gay ST Fl 21
Columbus, OH 43215

Ohio Attorney General
Collect Enforce Sect -Bankr
150 E Gay ST Fl 21
Columbus, OH 43215

Ohio BWC
Law Section Bankruptcy Unit
PO Box 15567
Columbus, OH 43215-0567

Ohio Department of Taxation
Attn Bankruptcy Division
PO BOX 530
Columbus, OH 43216-0530

Ohio Dept. of Job & Family Services
P.O. Box 182404
Columbus, OH 43218-2404

Ohio Development Svcs Agency
Attn: Sharon Anthony
77 S High St FL 29
Columbus, OH 43215

Opal Private Equity Fund LP
250 West Street
Columbus, OH 43215

Reliance Technology Solutions
5740 Gateway Blvd
Mason, OH 45040

Republic Services #046
PO Box 9001099
Louisville, KY 40290-1099

Robert Geldreich
68 S. Fourth St.
Columbus, OH 43215

RUSH Transportation/Logistics
P.O. Box 2810
Dayton, OH 45401

Schneider Downs & Co. Inc
65 E. State Street
#2000
Columbus, OH 43215

Securities Transfer Corporation
2901 North Dallas Parkway
Suite 30
Plano, TX 75093-5990

Steven D. Steer
Hack, Steer & Co LLC
314 E Second St
Canfield, OH 44406

Thelma Gault
91 Shelby Street
Eminence, KY 40019

United States Attorney General
Main Justice Bldg
10th & Constitution Ave NW
Washington, DC 20530

UPS
PO BOX 809488
Chicago, IL 60680-9488

US Attorney-- ND Ohio
Attn Bankruptcy Section
801 W Superior Ave Ste 400
Cleveland, OH 44113-1852

US Small Business Administration
District Counsel
65 E State St Ste 1350
Columbus, OH 43215

Verizon Wireless
PO Box 25505
Lehigh Valley, PA 18002-5506

Walter J. Doyle
1970 Jewett Road
Powell, OH 43065

Walter J. Doyle Trust
1970 Jewett Road
Powell, OH 43065

Wells Fargo Equipment Finance
800 Walnut St FL 4
Des Moines, IA 50309

YRC
P.O. Box 93151
Chicago, IL 60673-3151

**United States Bankruptcy Court
Southern District of Ohio**

In re **The Guitammer Company** Debtor(s) Case No. _____
Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **The Guitammer Company** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

The Guitammer Company
Corp Trust Co of NV
311 S Division St
Carson City, NV 89703

☐ None [Check if applicable]

March 16, 2021

Date

/s/ Frederic P. Schwieg, Esq.

Frederic P. Schwieg, Esq. 0030418

Signature of Attorney or Litigant
Counsel for **The Guitammer Company**
Frederic P Schwieg Attorney at Law
19885 Detroit Rd #239
Rocky River, OH 44116-1815
440-499-4506 Fax:440-398-0490
fschwieg@schwieglaw.com